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										Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO										09/80713]					
Effective October 1, 1997										47	81				
CLAIMS AS FILED - PART I										LL ENTITY	OTHER THAN				
FOR NUMBER FILED NUMBER EXTRA							7	TYP		J OF	SMA	LL ENTITY			
District Number of the second						VAN THE STATE OF T			RATE	FEE		RATE	FEE		
BASIC FEE							8		395.00	OR		第790.0 0			
⊢	TAL CLAIMS			minus 20 = *					x\$11=	-	7	305372E			
<u> </u>	EPENDENT (L			inus 3 =	•			x41=		OR	·	-		
MULTIPLE DEPENDENT CLAIM PRESENT								-		OR	x82=	loo d			
* If the difference in column 1 is less than zero, enter "0" in column 2									+135=		OR	+270=	210		
									TOTAL		OR	TOTAL	1270		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)											ОТН	ER THAN		
		CLA	MS		-	GHEST	(Column 3)	7	SMAI	L ENTITY	OR	SMAL	L ENTITY		
AMENDMENT A		REMAI AFT	ER		NUMBER PREVIOUSLY	PRESENT		RATE	ADDI- TIONAL			ADDI-			
		AMEND	MENT		7.1	D FOR	- CANTA		I	FEE		RATE	TIONAL		
	Total	1.16	<u> </u>	Minus	" 6	20	=		x\$11=	,	OR	x\$22=	 		
	Independer			Minus	1	<u>く</u>	=		x41=	1	OR-	x82=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=			
		(Colum)	n 1)		10-1				TOTAL DDIT. FEE		OR	TOTAL			
		(Column 1) CLAIMS			(Column 2) HIGHEST		(Column 3)	ה זר			, On ,	ADDIT. FEE	L		
MENDMENT B		REMAIN AFTE	R		NU	MBER IOUSLY	PRESENT		RATE	ADDI- TIONAL			ADDI-		
		AMENDA	MENT			FOR	CATRA]	HAIL	FEE		RATE	TIONAL FEE		
N	Total	15		Minus	" 3	0	=	lt	x\$11=		OR	x\$22=	 		
	Independent	. 3	.	Minus	•••	3	= /	1	x41=		OR	x82=	 		
⋖	FIRST PRE	SENTATIO	N OF	MULTIPLE	IPLE DEPENDENT CLAIM										
								, F	+135=		OR	+270=			
_	· · · · · · · · · · · · · · · · · · ·	(Column		District Courses	(Colu	ımn 2)	(Column 3)	AE	DIT. FEE		OR A	TOTAL DDIT. FEE			
ပ		CLAIM REMAIN	ING			HEST MBER	PRESENT	Г		ADDI-	ſ		455		
		AFTE! AMENDM			PREVI	OUSLY	EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL		
AMENDMENT	Total	· 15	- 12	Minus	20	<u> </u>	=	 	x\$11=	FEE	<u>.</u>	ve00	FEE		
ME	ndependent	. 3		Minus	··· 3		//	├			}	x\$22=			
4	FIRST PRES	SENTATION	N OF N	AULTIPLE I		ENT CLAIM			x41= +135=		OR	x82=			
110	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR .	+270=			
the Highest Alice Provided Part In THIS SPACE is less than 20, enter 20.															
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

BEST AVAILABLE COPY

										Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997										09/807131						
CLAIMS AS FILED - PART I (Column 1) (Column 2)										LL ENTITY		, OTH	ER THAN			
FOR NUMBER FILED					NUMBER EXTRA				RATE		┑℉	RATE	LL ENTITY			
BASIC FEE									395.00	<u>, , , , , , , , , , , , , , , , , , , </u>		////// 790,00				
TO	FAL CLAIMS			mir	us 20 =	•			x\$11=	GE	757	ALCO AND				
INDEPENDENT CLAIMS					minus 3 =						OR		-			
MULTIPLE DEPENDENT CLAIM PRESENT							<u> </u>		+135=		OR	-	2011			
. 11	* If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL		OR		100			
7	CLAIMS AS AMENDED - PART II								10112	<u> </u>	J OR	TOTAL	YOU			
$\frac{\mathcal{U}}{\mathcal{U}}$	19992556	(Colu	mn 1)	5	(Co	lumn 2)	(Column 3)	_	SMAL	L ENTITY	OR	OTH SMAL	ER THAN L ENTITY			
AMENDMENTA		REMA	INING TER DMENT		PRE	SHEST IMBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	1.14	<u> </u>	Minus	1.2	6	= /		x\$11=	,	OR	x\$22=	 			
AME	Independen	1:3		Minus	•••	3	=/	7	x41=		OR-	x82=	 			
FIRST PRESENTATION				MULTIPLE	DEPEN		+135=	 	OR	+270=	 					
(Column 1) (Column 2) (Column 2)								_	TOTAL ODIT, FEE		08	TOTAL				
		CLA	MS	NAME OF THE OWNER, OWNE	(Column 2) HIGHEST		(Column 3)	1				MODII. FEE				
MENDMENT B		REMAI AFT AMEND	ER		NUI PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
ON.	Total	<u> </u>		,Minus	••		#		x\$11=		OR	x\$22=	·			
AME	Independent	<u> </u>	•	Minus	•••		=		x41=		OR	x82=				
FIRST PRESENTATION OF MULTIPLE DEF						DENT CLA	MIM		+135=		OR	+270=				
(Column 1)							(Column 3)	Al	TOTAL DOIT. FEE	·	OR A	TOTAL DOIT. FEE				
z I		CLAII REMAII AFTE AMENDI	VING R		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	•		Minus	••		=	<u> </u>	x\$11=		OR	x\$22=				
	ndependent	•		Minus	***		=	ł	x41=		OR	x82=				
	FIRST PRES	N OF I	MULTIPLE	DEPEND	ENT CLA	iM	 	+135=			+270=					
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										L	TOTAL	i			
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE ADDIT. FEE OR ADDIT. FEE																